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CITY AND COUNTY OF SAN FRANCISCO

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MINUTES

JOINT CONFERENCE COMMITTEE FOR ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER
Monday, March 23, 2026 3:00 p.m.
101 Grove Street, Room 300
San Francisco, CA 94102 & via Webex

1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D.
Commissioner Laurie Green, M.D.
Commissioner Susan Belinda Christian, J.D.

Staff: Susan Ehrlich MD, Gillian Otway, Emma Moore, James Frieberg, Mary Mercer MD, Hemal Kanzaria MD, Eric Wu, Angelica Journagin, Sabrina Robinson, Adrian Smith, Erika Thorsen, Jennifer Magnusson, Emma Perez, Angelica Almeida, Juliana Way, Joan Torres

The meeting was called to order at 3:03pm.

2) APPROVAL OF THE MINUTES OF THE FEBRUARY 23, 2026 ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Public Comment:
There was no public comment on this item.

Commissioner Comments:
There were no Commissioner comments on this item.

Action Taken: The ZSFG JCC unanimously voted to approve the February 23, 2026, minutes.

3) REGULATORY AFFAIRS REPORT

Emma Moore, MS, RN Director of Regulatory Affairs, presented the item.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

Commissioner Christian asked how a "right patient/wrong medication" incident occurred and whether it was typical. Ms. Moore explained the patient received the correct medication; the error was in a paper-based psychotropic informed consent where the wrong drug name had been handwritten. Documentation was corrected in real time, and future audits will address the issue.

Commissioner Chow asked about recent AI-related privacy issues. Ms. Moore stated three staff members pasted content into ChatGPT during a blocker outage. No external exposure was found, but incidents were reported. Dr. Ehrlich clarified there is a strict policy prohibiting PHI entry into AI systems. Commissioner Chowrequested a policy review on this issue at a future ZSFG JCC meeting.

Commissioner Christian asked about two substantiated allegations. Ms. Moore confirmed one slap and one grab on psychiatric units, both witnessed, with immediate separation and precautions.

President Green asked about wound reporting. Ms. Moore explained reports are staged by a Wound Care CNS and team and submitted by the clinical care team. Commissioner Chow would like to monitor this issue over time.

4) BEHAVIORAL EMERGENCY RESPONSE TEAM (BERT)

Angelica Almeida, Ph.D., Chief Integrative Officer and Joan Torres, MSN, MBA, Nursing Director, Department of Psychiatry, presented the item.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

Commissioner Christian asked what psychiatric technicians do within the BERT structure. Ms. Torres explained that psychiatric technicians are licensed clinicians with focused training in psychiatric assessment, crisis response, and understanding of psychiatric medications. She stated that while BERT does not manage medications, psychiatric technicians perform early behavioral assessment and support patients experiencing crisis.

President Green questioned why the number of BERT interventions in the Emergency Department (ED)is significantly higher than those performed by the rounding responder team. Ms. Torres responded that the ED BERT team is permanently stationed in the ED and intervenes proactively based on direct observation. She explained that because the ED does not rely on activation calls, staff can respond immediately at early signs of escalation, leading to a much greater total volume of interventions.

Commissioner Chow asked whether BERT collaborates with community programs and whether ED behavioral trends correlate with broader citywide behavioral health patterns. Ms. Torres said BERT has begun exploring cross-system patterns, particularly through coordination with the newly established Threat Management Team. She noted that some internal trends, such as increases in Q1 and Q4 around holidays, may correlate with community trends and that the team intends to deepen this analysis.

President Green asked how BERT follows patients who are first encountered in the ED but later admitted to the hospital. Ms. Torres stated that BERT documentation from the ED is immediately available to inpatient teams in the electronic record. She added that the rounding BERT team checks on all relevant patients twice per shift, prioritizing those on involuntary holds, patients followed by psychiatric consults, and any patient previously engaged by the ED BERT team.

President Green asked whether BERT can identify patients likely to require activation in advance and how length of stay influences behavior. Ms. Torres responded that BERT develops real-time safety plans during rounds whenever risk is identified, enabling early intervention. She noted that patients experiencing long hospital stays may show increased frustration, which can result in repeated activations, and said BERT partners with staff to mitigate these patterns.

Commissioner Chow asked which inpatient units experience the highest BERT activation rates. Ms. Torres reported that inpatient medical-surgical units, particularly the neuro-trauma unit, see the highest numbers. She stated that altered mental status and traumatic brain injuries make communication difficult for many patients, increasing behavioral risk and necessitating repeated BERT involvement.

Commissioner Chow requested clarification on mandatory training for hospital staff regarding behavioral emergencies. Ms. Torres stated that all BERT members complete CPI Level 3 training, while all hospital staff must complete annual CPI training. She explained that BERT also provides a one-hour de-escalation course focused on identifying early escalation warning signs and collaborating effectively with BERT responders.

President Green asked how BERT communicates with medical units during rounds given that nursing staff are often busy. Ms. Torres explained that BERT schedules rounds at set times and begins by checking in with charge nurses before approaching primary nurses. She stated that the routine has become well-integrated and is well received, with staff frequently volunteering patients for safety planning discussions.

Commissioner Chow questioned how BERT's model will translate to Building 80/90, which serves a different population. Ms. Torres said the expansion will mirror the ED model by placing a dedicated BERT team on site to offer both proactive rounding and rapid emergency response. She stated that early outreach to clinic leadership is already underway to ensure the transition is collaborative and effective.

President Green asked how BERT works with behavioral response teams in other hospitals and whether lessons are shared statewide. Ms. Torres reported that California hospitals operate different models, often involving deputies on all activations. She noted that ZSFG is distinctive in using an all-clinical first-response model. She continues to collaborate with other institutions, including UCSF, and presents ZSFG's model nationally to support replication and mutual learning.

5) <u>ZSFG HIRING AND VACANCY REPORT</u>

Jennifer Magnusson, Hiring and Selection Manager, presented the item.

<u>Public Comment</u>:

There was no public comment on this item.

<u>Commissioner Comments</u>:

President Green asked for clarification on the continued use of per diem (P103/2320) staff despite low vacancy rates. Juliana Way, ZSFG Nursing leadership, explained that the nursing staffing model is intentionally built at 90% permanent civil service positions and 10% per diem, allowing flexibility for census fluctuations. She stated that although the model targets 10%, actual per diem use recently averaged around 20%, primarily due to past vacancies that have now been filled. She noted that the department is actively reducing both internal and external per diem usage to bring overall staffing back to the intended ratio.

Commissioner Chow asked how staffing levels relate to the department's ongoing budget discussions, and whether the commission could receive clearer explanations of the 90/10 model. Ms. Way acknowledged the confusion and affirmed that the model is well-recognized in the industry. She emphasized that detailed explanations, including visual breakdowns, can be provided to the full commission so that budget decisions can be made with full understanding of staffing ratios.

President Green inquired about the relationship between P103 per diem roles and 2320 civil service positions, particularly in the context of union agreements and shift reductions. Ms. Way explained that external per diems (non-City employees) have been significantly reduced in response to census declines, especially in critical care units. She added that many external per diems are now seeking permanent civil service roles, which benefits the hospital because they require minimal onboarding. She also noted that internal per diems will experience fewer available shifts as urgent care and lobby triage operations shift back into the clinic. She confirmed that SEIU RN leadership was briefed on these operational changes and expressed agreement with the transition plan.

Commissioner Chow sought clarification about changes in urgent care operations and their impact on staffing. Ms. Way stated that the hospital will eliminate a triage setup in the lobby, originally created during COVID, and move those services back into the clinic. She explained that urgent care will reduce staff by 13 FTEs, hours of service will be adjusted, and triage workflows will be consolidated. She stated that the Emergency Department can safely absorb late-hour volume and that these changes take effect between July and August.

President Green asked when the shift from an 80/20 model to a 90/10 model occurred and whether the ratio remains effective. Eric Wu, ZSFG CFO, explained that the shift occurred during 2024 labor bargaining and that the ratio remains financially sound. He added that budgeted staffing is aligned with the 90/10 model, and performance has shown it to be appropriate and consistent with industry standards.

6) <u>ZSFG CHIEF EXECUTIVE OFFICER'S REPORT, EMERGENCY DEPARTMENT NEWSLETTER AND BERT NEWSLETTER</u>

Susan Ehrlich, MD, Chief Executive Officer, presented the item.

FINANCIAL STEWARDSHIP

1. An Update on the DPH Budget and Impacts to ZSFG

In a message sent to the ZSFG team in early March, Dr. Susan Ehrlich forwarded and commented on a message from DPH Director Dan Tsai about the City's significant budget challenges — a two-year $936 million budget deficit with $261 million driven by federal and state Medi-Cal/Medicaid cuts. **The entire City is sharing the responsibility to protect essential health care services in light of this major challenge,** and every department—including DPH—was directed to reduce General Fund spending. In the budget already submitted to the Health Commission, DPH had identified savings that do not impact staff or programs, including $176 million in additional revenue generation and $50 million in operational efficiencies. More recently, DPH received further instructions from the Mayor's Office to find savings in contracted services ($20 million and $5 million contingency) and staffing ($20 million or approximately 95 FTE positions of the citywide target of 500 FTEs). ZSFG and the rest of the department will be making very difficult decisions to meet the Mayor's budget requirements while maintaining our commitment to minimize impacts on staff and the healthcare safety net. Director Tsai has been holding multiple town halls to provide information, answer questions, and hear concerns. He will be joining our ZSFG Town Halls on Wednesday, March 18th, at 12:30pm and at 9:00pm to connect with ZSFG staff about the budget.

EQUITY

2. Honoring 50 Years of Midwifery & Advancing Equity in Women's Health

As ZSFG Celebrates Women's History Month, the Certified Nurse Midwifery Service celebrates it's 50th anniversary. This program is one of California's oldest hospital-based midwifery programs and is a leader in evidence-based, patient-centered care. The program has supported over 10,000 births since 2008 and implemented evidence-based programs such as the Centering Pregnancy model which brings pregnant people together for group prenatal care and to build community.

Today, ZSFG is proud to offer Centering groups in Spanish and through the Black Centering program, which focuses on advancing Black maternal health and equity while welcoming all eligible patients. Preliminary 2023–2025 data shows that Black/African American (B/AA) patients who received comprehensive prenatal care through Black Centering delivered fewer preterm and low birth weight babies than those receiving traditional prenatal care.

As part of our efforts to advance maternal and child health the ZSFG OB/GYN Division established a Community Accountability Board (CAB) made up of B/AA and Pacific Islander birthing people who received care at ZSFG. Over the past three years, the CAB has served as a trusted advisory partner, offering feedback that has shaped new systems, strengthened respectful care practices, and helped address gaps in cesarean rates, pre-term birth outcomes, and patient experience for birthing people in these populations that experience health disparities. Midwifery care at ZSFG has contributed to significantly lower C-section rates and enhanced maternal and neonatal outcomes. Beyond patient care, this service launched the UCSF midwifery education program, training generations of midwives.

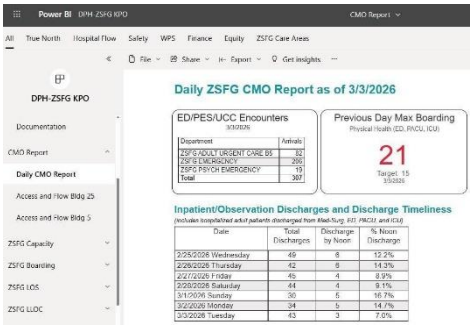
QUALITY

4. ZSFG True North Dashboard

ZSFG announced the launch of its new True North Dashboard, also known as Project Phoenix, a tool developed by the Kaizen Promotion Office (KPO) in close collaboration with the Quality Management (QM) Data Center and the Metrics, Analytics and Data Integration (MADI) teams to better support strategic planning and continuous improvement. Each year during Hoshin, the organization reviews data and priorities and for 2026, ZSFG reaffirmed the six True North goals – Equity, Safety, Quality, Care Experience, Developing Our People and Financial Stewardship supported by 12 core key performance indicators (KPIs).

The new dashboard makes these goals more visible and actionable by linking hospital-wide strategy to department and unit-level work, offering validated data, equity stratification and clear performance trends. Designed with extensive input from staff and leaders, it serves not just as a reporting tool but as infrastructure to align teams around shared aims, especially during times of financial pressure and evolving patient needs.

These dashboards help us see where we are on target, where we remain off-target, and where focused countermeasures may be needed.



Staff across all roles are encouraged to use the dashboard as a guide to drive improvement and keep efforts aligned with ZSFG's mission as changes and frontline-driven innovations can collectively move the entire organization forward.

Dr. Ehrlich shared her gratitude to the KPO, QM, MADI, and Budget teams for their thoughtful partnership in this effort, and especially to Toff Peabody, Jessica To, Sarah Maslin, and Hemal Kanzaria for their leadership and persistence in bringing this vision forward.

CARE EXPERIENCE

5. ZSFG Awarded the 2025 Innovation Award by CAPH/SNI

ZSFG has received the 2025 Innovation award by the California Association of Public Hospitals and Health Systems and the California Health Care Safety Net Institute. Each year, CAPH/SNI recognize California's public health care systems for their outstanding leadership in advancing quality, equity, and innovation in care.

This award recognized the project Sustaining Change at the Front Door: A Multidisciplinary Approach to Emergency Department Triage Design — which reimagined how patients enter and move through ZSFG's Emergency Department triage to improve patient flow, responsiveness, and access to care. This recognition celebrates the multidisciplinary work, creativity, and equity-centered innovation ZSFG brings to patient care every day. Thank you to Dr. Christopher Peabody and the entire Emergency Department team for their dedication to continuous improvement and providing quality care!

DEVELOPING OUR PEOPLE

6. New ZSFG Leadership: Norlissa Cooper, PhD, MSN, BSN, RN

ZSFG welcomed Dr. Norlissa M. Cooper as Administrator on Duty in the Nursing Administration Department at ZSFG. Dr. Cooper brings more than 17 years of nursing experience at ZSFG, having served as staff nurse, charge nurse, nurse educator and continuing education co-chair. She holds advanced degrees from the University of Rochester, Georgetown, and UCSF. Her leadership and research focus on health equity and dismantling structural racism in healthcare. Her extensive leadership, research expertise and commitment to health equity make her a valuable addition to ZSFG's leadership team.

DEVELOPING OUR PEOPLE

7. Years of Service - 10, 15 and 20 Years Celebration

The annual Years of Service Celebration at ZSFG honors employees who have dedicated at least 10 years of service to ZSFG and every 5 years thereafter. This year's theme, "Resilience and Dedication: Our Foundation," highlights the strength, adaptability and compassion staff have demonstrated as the workplace and world have evolved.

At the February 27th event at the Carr Auditorium, colleagues celebrated those reaching 10, 15 and 20 years of service, acknowledging their roles in mentoring others, supporting countless patients and families and contributing to major advances in areas such as HIV care, maternal health and trauma. Leadership expressed their deep gratitude for the dedication and continuity these staff provide to ZSFG's mission and community. The celebration for the staff who have served more than 25 years will take place in mid-March.

DEVELOPING OUR PEOPLE

8. Values in Action Award Winner: Sabrina Robinson

The "Values in Action" award honors a leader who embodies ZSFG's core values: Joy in our Work, Thirst for Learning, and Compassionate Care. This month, ZSFG is proud to recognize Sabrina Robinson, COO, for her courageous, collaborative, and deeply compassionate leadership.

Sabrina is known for bringing clarity to complex challenges, strengthening partnerships across DPH, and centering the well-being of both patients and staff. She approaches each day with joy, curiosity, and a strong commitment to service.

Colleagues shared:

- "Her support of the overnight MRI pilot improved access to care and patient flow."
- "She rolls up her sleeves to fix broken processes, so systems work better for everyone."
- "A stellar partner who brings people together."
- "Her steady, values driven leadership strengthens the organization."
- "She listens deeply and centers staff well-being in her decisions."
- "She challenges the status quo when it doesn't serve patients or staff."
- "She leads with kindness, empathy, and accountability."

Sabrina, thank you for the joy, compassion, and clarity you bring to ZSFG every day. We are grateful for your leadership.

DEVELOPING OUR PEOPLE

9. Celebrate Thank a Resident Day

On Friday, February 27, ZSFG celebrated Thank a Resident Day, an opportunity to recognize the essential contributions residents and fellows make to patient care and the hospital's mission. Through the strong ZSFG-UCSF partnership, 800 residents and 230 clinical fellows train at the hospital each year, providing around-the-clock care, mentoring medical students and shaping the next generation of physicians committed to health equity. In addition to their demanding clinical schedules, trainees are leading numerous quality and safety initiatives, from improving intra-operative temperature monitoring and dermatology patient education to expanding addiction treatment access, increasing Hepatitis C and diabetic retinal screenings, enhancing communication of critical image findings and providing language-concordant discharge instructions. Their daily work- including supporting patients with substance use disorders and reducing disparities in preventative care – demonstrates deep dedication to improving the patient experience. ZSFG expresses heartfelt gratitude for their hard work, innovation and passion.

DEVELOPING OUR PEOPLE

9. Celebrating the Orthopaedics Trauma Institute at ZSFG

This February, the Orthopaedic Trauma Institute celebrated 17 years of service to the Bay Area, providing essential musculoskeletal and trauma care as San Francisco's only level 1 trauma center. OTI leads nationally and internationally with the largest international outreach program and the most trauma fellowship trained specialists in North America. Since its founding, the institute has grown to 27 clinical and research faculty.

Dr. Ted Miclau praised the team's dedication and collaborative spirit, and Dr. Susan Ehrlich joined the celebration, recognizing OTI's continued growth and impact on the community

Public Comment:
There was no public comment on this item.

Commissioner Comments:
President Green asked for further explanation of the centering pregnancy programs, particularly the Black centering cohort, and how they relate to preterm birth reductions. Dr. Ehrlich explained that centering models bring pregnant individuals together for group prenatal care, education, and peer support, which research has shown can reduce preterm birth rates. She stated that early data from ZSFG's Black centering group shows promising decreases in preterm births but that more longitudinal data is needed. Juliana Way added that midwives lead these programs both in the hospital and community clinics, supported by SisterWeb doulas and volunteer doulas during labor. She emphasized that community feedback guides program improvements.

Commissioner Chow asked what unique elements led to the Emergency Department receiving an innovation award for triage redesign. Dr. Ehrlich responded that the award recognized a multi-year, data-driven initiative that included reconfiguring the physical triage environment, placing nurse practitioners in the waiting room 24/7, closely reviewing patient feedback, and repeatedly testing small-scale workflow changes. She explained that these changes collectively reduced the "left without being seen" rate to below the 2% target, an industry benchmark.

Commissioner Chow requested detailed explanation of revenue shortfalls, including issues related to census, observation status, and OR performance. Dr. Ehrlich stated that ICU census has been lower in 2025 than in 2024, resulting in reduced inpatient revenue. She noted that all stays under two midnights are now categorized as observation, which reimburses substantially less through government payers. She said the 9th operating room has not generated anticipated revenue but remains valuable for overall throughput. She emphasized that the department is conducting a full revenue-cycle review to identify short inpatient stays that may qualify for inpatient billing.

President Green asked about ED observation billing practices and whether opportunities exist to improve physician billing for long-stay ED patients. Dr. Ehrlich stated that in the current Epic system, ED observation discharge billing is limited, whereas the prior EHR allowed more flexibility. Dr. Kanzaria added that some patients who remain in the ED for prolonged stays are coded as admitted patients and billed accordingly, while others may not meet criteria under the new observation rules. Mr. Wu added that revenue patterns have shifted as ICU boarding has decreased, and the team is reviewing how level-of-care categorization impacts both billing and flow.

Commissioner Chow asked how lower-level-of-care reductions and OR access improvements might affect patient boarding. Dr. Ehrlich stated that lower-level-of-care days have significantly decreased and that interventions such as improved MRI availability and CRNA hiring may yield incremental benefits, but no single change accounts for the majority of improvements. She acknowledged that the interplay between flow improvements and revenue capture is complex and continues to be evaluated.

President Green asked why MERC referrals are denied and how occupancy is improving. Dr. Ehrlich said denials are made by the MERC clinical team, not health plans. Ms.Torres explained that she now reopens previously denied cases for secondary review, allowing individualized acceptance plans for patients with manageable behavioral or medical complexities. She emphasized that this has already enabled transfers for long-wait psychiatric inpatients and that expanding MERC beds will further broaden acceptance criteria.

7) MEDICAL STAFF REPORT

Mary Mercer, M.D., Chief of Medical Staff, presented the item.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

Commissioner Chow asked whether service reports and accompanying documents should continue to be printed for meetings or reviewed electronically. Dr. Mercer responded that the medical staff is flexible and can provide materials in either format. She expressed willingness to transition to electronic-only distribution for a trial period if the Commission prefers, noting that some reports contain detailed slides that may be easier to review digitally. President Green expressed interest in transitioning to electronic presentation of departmental slide decks. Dr. Mercer agreed to pilot electronic distribution for Quarter 2, noting that Commissioners might find it easier to read detailed charts, photos, and tables in digital form. She committed to reevaluating with the Commission after the pilot period.

Commissioner Chow also identified an error in the service rules where “CHN” appeared instead of “SFHN.” Dr. Mercer confirmed the correction would be made and that the remainder of revisions were minor typographical and organizational updates for vascular and plastic surgery sections.

President Green asked why the updated contraceptive implant procedure had relatively high proctoring requirements for insertion and removal compared to other ambulatory procedures. Dr. Mercer explained that the procedure is performed by clinicians across several specialties, including community primary care, obstetrics and gynecology, pediatrics, internal medicine, and family medicine, each with different volumes and training experiences. She noted that complications from improper placement or difficult removals, though uncommon, justify more rigorous initial and ongoing evaluation to maintain safety across such a wide clinician pool.

President Green sought clarification regarding differing proctoring standards across disciplines, asking how the medical staff balances fairness with ensuring competency. Dr. Mercer stated that proctoring levels are based on the frequency, complexity, and risk profile of each procedure, combined with the clinician’s training background. She further explained that nurse practitioners and physician assistants may have variable procedural exposure depending on their educational program, which is why FPPE (Focused Professional Practice Evaluation) requirements are tailored individually rather than uniformly.

Commissioner Chow raised concerns about the clarity of the standing order protocol for RSV vaccination during pregnancy, particularly regarding the phrase “if not previously given.” Dr. Mercer stated that the wording was confusing and has been revised. The updated protocol will specify that RSV vaccination is offered only between 27–36 weeks gestation, only once per pregnancy, and only if the pregnant patient is expected to deliver during RSV season. She confirmed that the redundant “if not already given” clause will be removed.

President Green also asked whether the Tdap standing order should follow a similar clarification. Dr. Mercer confirmed that Tdap is recommended once every pregnancy between 27–36 weeks and that the standing order will reflect this by removing language that could imply multiple administrations.

Commissioner Chow asked whether the medical staff has formal preferences for certain NP or PA training programs. Dr. Mercer replied that there is no institutional preference for specific schools. Credentialing decisions emphasize demonstrated skills, training exposure, and documented competency rather than institutional pedigree. She also noted that feedback from supervising physicians and outcomes during onboarding often reveal any additional support or proctoring required.

Action Taken: The Committee unanimously recommended that the full Commission approve the following: Surgery Rules and Regulations, Emergency Department (ED) Standardized Procedures 2026, ED initial and reappointment criteria, Revised Anatomic Pathology Privilege List, Privilege list and standardized procedure-Insertion and removal of contraceptive implant, and SFHN Ambulatory SOP.

8) OTHER BUSINESS

Public Comment:
There was no public comment on this item.

Commissioner Comments:
There were no Commissioner comments.

9) PUBLIC COMMENT:

There was no public comment.

10) CLOSED SESSION:

A) Public comments on all matters pertaining to the Closed Session

There was no public comment.

B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted unanimously to go into closed session.

C) Closed Session pursuant to Evidence Code sections 1156, 1156.1, 1157, 1157.5, and 1157.6: Health and Safety Code section 1461; California Government Code Section 54954.5(h); and California Constitution, Article I, Section 1.

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT SAFETY REPORTS AND PEER REVIEWS

RECONVENE IN OPEN SESSION

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee approved the Credentials Report and PIPS Minutes Report in closed session and voted to not disclose discussions held in closed session.

11) ADJOURNMENT

The meeting was adjourned at 5:36pm.